

<b>United States Bankruptcy Court Middle District of Georgia</b>						<b>Voluntary Petition</b>											
Name of Debtor (if individual, enter Last, First, Middle): Adams, Corey Harrison				Name of Joint Debtor (Spouse) (Last, First, Middle): Adams, Shakeela Ranee													
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): None				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): aka Shakeela Newsome													
Last four digits of Soc.Sec.No./Complete EIN or other Tax ID No. (if more than one, state all): 4439				Last four digits of Soc.Sec.No./Complete EIN or other Tax ID No. (if more than one, state all): 7086													
Street Address of Debtor (No. and Street, City, and State) 416 Walnut Street Columbus, GA				Street Address of Joint Debtor (No. and Street, City, and State) 416 Walnut Street Columbus, GA													
ZIPCODE 31904-0000				ZIPCODE 31904-0000													
County of Residence or of the Principal Place of Business: Muscogee				County of Residence or of the Principal Place of Business: Muscogee													
Mailing Address of Debtor (if different from street address):				Mailing Address of Joint Debtor (if different from street address):													
ZIPCODE				ZIPCODE													
Location of Principal Assets of Business Debtor (if different from street address above):						ZIPCODE											
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)  _____		<b>Nature of Business</b> (Check <b>one</b> box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other  _____ <b>Tax-Exempt Entity</b> (Check box, if applicable)  <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code)		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13  <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding  <b>Nature of Debts</b> (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. §101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts													
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3A.  <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				<b>Check one box: Chapter 11 Debtors</b> <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D) <input type="checkbox"/> Debtor is not a small business as defined in 11 U.S.C. § 101(51D) <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000 <b>Check all applicable boxes</b> <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes, in accordance with 11 U.S.C. § 1126(b).													
<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.						<b>THIS SPACE IS FOR COURT USE ONLY</b>											
Estimated Number of Creditors <table style="width:100%; border: none;"><tr><td><input type="checkbox"/> 1-49</td><td><input type="checkbox"/> 50-99</td><td><input checked="" type="checkbox"/> 100-199</td><td><input type="checkbox"/> 200-999</td><td><input type="checkbox"/> 1000-5000</td><td><input type="checkbox"/> 5,001-10,000</td><td><input type="checkbox"/> 10,001-25,000</td><td><input type="checkbox"/> 25,001-50,000</td><td><input type="checkbox"/> 50,001-100,000</td><td><input type="checkbox"/> Over 100,000</td></tr></table>								<input type="checkbox"/> 1-49	<input type="checkbox"/> 50-99	<input checked="" type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1000-5000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> Over 100,000
<input type="checkbox"/> 1-49	<input type="checkbox"/> 50-99	<input checked="" type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1000-5000	<input type="checkbox"/> 5,001-10,000			<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> Over 100,000						
Estimated Assets <table style="width:100%; border: none;"><tr><td><input checked="" type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>								<input checked="" type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion
<input checked="" type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion								
Estimated Liabilities <table style="width:100%; border: none;"><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input checked="" type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>						<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion		
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**Voluntary Petition**

(This page must be completed and filed in every case)

Document Page 2 of 88

Name of Debtor(s):

Corey Harrison Adams &amp; Shakeela Ranee Adams

**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)Location  
Where Filed: NONE

Case Number:

Date Filed:

Location  
Where Filed: N.A.

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor: NONE

Case Number:

Date Filed:

District:

Relationship:

Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.  
I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b).

**X** /s/ WILLIAM H. AREY 12/19/07  
Signature of Attorney for Debtor(s) Date

**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box)



Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.



There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.



Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes)



Landlord has a judgment for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)\_\_\_\_\_  
(Address of landlord)

Debtor claims that under applicable non bankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and



Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.



Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

**Voluntary Petition**

(This page must be completed and filed in every case)

Document

Page 3 of 88

Name of Debtor(s):

Corey Harrison Adams &amp; Shakeela Ranee Adams

**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ Corey Harrison Adams

Signature of Debtor

**X** /s/ Shakeela Ranee Adams

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

12/19/07

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)



I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by § 1515 of title 11 are attached.



Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

(Date)

**Signature of Attorney\***

**X** /s/ WILLIAM H. AREY

Signature of Attorney for Debtor(s)

WILLIAM H. AREY 021238

Printed Name of Attorney for Debtor(s)

Arey Long and Cross

Firm Name

P.O. BOX 8641

Address

COLUMBUS, GA 31908

(706) 596-6745

Telephone Number

12/19/07

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

**Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, 2) I prepared this document for compensation, and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. § 110(b), 110(h), and 342(b); and, 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

**X**

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

Official Form 1, Exhibit D (10/06)

**UNITED STATES BANKRUPTCY COURT  
Middle District of Georgia**

Corey Harrison Adams & Shakeela Ranee  
Adams

In re \_\_\_\_\_  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

**Official Form 1, Exh. D (10/06) – Cont.**

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.]**[Summarize exigent circumstances here.]* \_\_\_\_\_

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.]* *[Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Corey Harrison Adams  
COREY HARRISON ADAMS

Date: 12/19/07

Official Form 1, Exhibit D (10/06)

**UNITED STATES BANKRUPTCY COURT  
Middle District of Georgia**

Corey Harrison Adams & Shakeela Ranee  
Adams

In re \_\_\_\_\_  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

**Official Form 1, Exh. D (10/06) – Cont.**

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.]**[Summarize exigent circumstances here.]* \_\_\_\_\_

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**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.]* *[Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Joint Debtor: /s/ Shakeela Ranee Adams

SHAKEELA RANEE ADAMS

Date: 12/19/07

**B6 Cover (Form 6 Cover) (12/07)**

## **FORM 6. SCHEDULES**

Summary of Schedules

Statistical Summary of Certain Liabilities and Related Data (28 U.S.C. § 159)

Schedule A - Real Property

Schedule B - Personal Property

Schedule C - Property Claimed as Exempt

Schedule D - Creditors Holding Secured Claims

Schedule E - Creditors Holding Unsecured Priority Claims

Schedule F - Creditors Holding Unsecured Nonpriority Claims

Schedule G - Executory Contracts and Unexpired Leases

Schedule H - Codebtors

Schedule I - Current Income of Individual Debtor(s)

Schedule J - Current Expenditures of Individual Debtor(s)

Unsworn Declaration under Penalty of Perjury

**GENERAL INSTRUCTIONS:** The first page of the debtor's schedules and the first page of any amendments thereto must contain a caption as in Form 16B. Subsequent pages should be identified with the debtor's name and case number. If the schedules are filed with the petition, the case number should be left blank

Schedules D, E, and F have been designed for the listing of each claim only once. Even when a claim is secured only in part or entitled to priority only in part, it still should be listed only once. A claim which is secured in whole or in part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed on Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.



In re Corey Harrison Adams & Shakeela Rane Adams Case No. \_\_\_\_\_  
Debtor (If known)

**SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C – Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				
Total			0.00	

(Report also on Summary of Schedules.)

In re Corey Harrison Adams & Shakeela Ranee Adams Case No. \_\_\_\_\_  
**Debtor** (If known)

## SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See. 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		2 CHECKING ACCOUNTS AND 2 SAVINGS ACCOUNTS	J	500.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		KIRBY VACUUM CLEANER, LIVING ROOM SUITE, 2 BEDS, KITCHEN TABLE WITH FOUR CHAIRS, STOVE, REFRIGERATOR, MICROWAVE, TV, DVD PLAYER, COMPUTER	J	1,400.00
5. Books. Pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		WEARING APPAREL	J	800.00
7. Furs and jewelry.		JEWELRY	J	100.00
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			

In re Corey Harrison Adams & Shakeela Ranee Adams Case No. \_\_\_\_\_  
**Debtor** (If known)

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		WAFFLE HOUSE (8 SHARES)	H	400.00
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlement to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owing debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate or a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights of setoff claims. Give estimated value of each.		PERSONAL INJURY	W	10,000.00
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. §101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		1996 BUICK LESABRE 1997 TOYOTA AVALON	H J	1,950.00 5,500.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			

In re Corey Harrison Adams & Shakeela Ranee Adams Case No. \_\_\_\_\_  
**Debtor** (If known)

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
<div>0 continuation sheets attached</div> <div>Total</div>				\$ 20,650.00

(Include amounts from any continuation  
sheets attached. Report total also on  
Summary of Schedules.)

In re Corey Harrison Adams &amp; Shakeela Ranee Adams

Case No. \_\_\_\_\_

Debtor

(If known)

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**Debtor claims the exemptions to which debtor is entitled under:  
(Check one box)☐ 11 U.S.C. § 522(b)(2)☐ Check if debtor claims a homestead exemption that exceeds  
\$136,875.☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
2 CHECKING ACCOUNTS AND 2 SAVINGS ACCOUNTS	(Husb)OCGA §44-13-100(6) (Wife)OCGA §44-13-100(6)	250.00 250.00	500.00
KIRBY VACUUM CLEANER, LIVING ROOM SUITE, 2 BEDS, KITCHEN TABLE WITH FOUR CHAIRS, STOVE, REFRIGERATOR, MICROWAVE, TV, DVD PLAYER, COMPUTER	(Husb)OCGA §44-13-100(4) (Wife)OCGA §44-13-100(4)	700.00 700.00	1,400.00
WEARING APPAREL	(Husb)OCGA §44-13-100(4) (Wife)OCGA §44-13-100(4)	400.00 400.00	800.00
JEWELRY	(Husb)OCGA §44-13-100(5) (Wife)OCGA §44-13-100(5)	50.00 50.00	100.00
WAFFLE HOUSE (8 SHARES)	(Husb)OCGA §44-13-100(6)	400.00	400.00
PERSONAL INJURY	(Wife)OCGA §44-13-100(11)(D)	10,000.00	10,000.00
1996 BUICK LESABRE	(Husb)OCGA §44-13-100(3)	1.00	1,950.00
1997 TOYOTA AVALON	(Husb)OCGA §44-13-100(3) (Wife)OCGA §44-13-100(3)	0.50 0.50	5,500.00

**B6D (Official Form 6D) (12/07)**

In re Corey Harrison Adams & Shakeela Rane Adams,

Case No. \_\_\_\_\_

Debtor

(If known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 381381		Security: 1995 Buick LeSabre - Surrender					550.00
Continental Servicing 5747 Perimeter Drive Suite 140 Dublin, Ohio 43017-3216						2,500.00	
		VALUE \$ 1,950.00					
ACCOUNT NO.		Security: 1997 Toyota Avalon					6,645.96
Gil's Auto Sales 1712 E. 280 Bypass Phenix City, AL 36867						12,145.96	
		VALUE \$ 5,500.00					
ACCOUNT NO.		Security: Kirby Vacuum - Surrender					1,932.00
Merchants Acceptance c/o Michael P. Cielinski P.O. Box 1882 Columbus, GA 31902						1,932.00	
		VALUE \$ 0.00					

0 continuation sheets attached

Subtotal > (Total of this page)	\$ 16,577.96	\$ 9,127.96
Total > (Use only on last page)	\$ 16,577.96	\$ 9,127.96

(Report also on Summary of Schedules) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

**B6E (Official Form 6E) (12/07)**

In re Corey Harrison Adams & Shakeela Rane Adams,  
Debtor

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed.R.Bankr.P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

**B6E (Official Form 6E) (12/07) - Cont.**

In re Corey Harrison Adams & Shakeela Ranee Adams,  
Debtor

Case No. \_\_\_\_\_  
(if known)

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached



B6F (Official Form 6F) (12/07)

In re Corey Harrison Adams & Shakeela Rane Adams

Case No. \_\_\_\_\_

Debtor

(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 13789064 Academy Collection Service, Inc. Premier Bankcard 10965 Decatur Road Philadelphia, PA 19145-32010						485.47
ACCOUNT NO. 94567285 AIU Online General Revenue Corp. P.O. Box 195999 Cincinnati, Ohio 45249-5999						1,897.13
ACCOUNT NO. 94566252 AIU Online General Revenue Corporation P.O. box 495999 Cincinnati, Ohio 45249-5999						1,638.00
ACCOUNT NO. 05085393101938 American Express P.O. Box 981535 El Paso, TX 79998-1535		Consideration: Credit card debt				446.00
Subtotal ➤						\$ 4,466.60
Total ➤						\$

25 continuation sheets attached

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Corey Harrison Adams & Shakeela Rane Adams,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 9751583 Armstrong & Associates St. Francis Hospital P.O. Box 1787 Mobile, AL 36633		Consideration: Medical Services				285.05
ACCOUNT NO. 13587687062 Army Exchange Relief Capital Recovery Service P.O. Box 1170 Fairfax, VA 22030						724.50
ACCOUNT NO. 7066898058730 Bell South c/o Robinson, Reagan & Young, PLLC 260 Cumberland Bend Nashville, TN 37228-1804						169.16
ACCOUNT NO. 0343097548 Bell South/CBCS P.O. Box 69 Columbus, Ohio 43216						151.37
ACCOUNT NO. 050190592190262620101 Block Buster Protection Associates LP 13355 Noel Road Dallas, TX 75240						23.92

Sheet no. 1 of 25 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 1,354.00

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Corey Harrison Adams & Shakeela Rane Adams,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 05019010219026260100 Block Buster Protection Associates LP 13355 Noel Road Dallas, TX 75240						11.37
ACCOUNT NO. 0519258729258751440 Block Buster Protection Associates LP 13355 Noel Road Dallas, TX 75240						44.50
ACCOUNT NO. 0509258729258751440 Block Buster Protection Associates LP 13355 Noel Road Dallas, TX 75240						37.48
ACCOUNT NO. 871602325 BMG Jazz Club North Shore Agency P.O. Box 8922 Westbury, NY 11590						26.27
ACCOUNT NO. 8254815999 BMG Music Services GS Services Lim Partnership 6330 Gulfton Houston, TX 77081						125.71

Sheet no. 2 of 25 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	\$	245.33
Total	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Corey Harrison Adams & Shakeela Rane Adams,  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Business Services Carney Appleby & Nielsen, PLC 400 Homestead Building 303 Locust Street Des Moines, IA 50309						330.00
ACCOUNT NO. 4311440100059165						
Capital Management Services LP Resurgent Capital Services 726 Exchange Street Suite 700 Buffalo, NY 14210						5,611.77
ACCOUNT NO. 4311440100059165						
Capital Management Services, LP Plains Commerce Bank 726 Exchange Street Suite 700 Buffalo, NY						5,611.77
ACCOUNT NO. 16519118		Consideration: Repoed Vehicle				
Car Now Acceptance Corp. Asset Acceptance P.O. Box 2036 Warren, MI 48090-2036						7,922.00
ACCOUNT NO. 10056706						
Cavalry Portfolio Services, LLC AT&T P.O. Box 27288 Tempe, AZ 85282-7288						63.73

Sheet no. 3 of 25 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 19,539.77

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Corey Harrison Adams & Shakeela Rane Adams,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 04899915 Cavalry Portfolio Services, LLC Sprint P.O. Box 27288 Tempe, AZ 85282-7288						319.00
ACCOUNT NO. 05799541 Cavalry Portfolio Services, LLC Sprint P.O. Box 27288 Tempe, AZ 85282-7288						450.00
ACCOUNT NO. several accounts CBE Group Medical 131 Tower Park Drive Waterloo, IA 50704						1,480.00
ACCOUNT NO. 201094683502 Charter Communications AFNI P.O. Box 20939 Ferndale, MI 48220						125.51
ACCOUNT NO. 322097 Check Into Cash National Credit Adjusters P.O. Box 3023 Hutchinson, KS 67504-3023						125.00

Sheet no. 4 of 25 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 2,499.51

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Corey Harrison Adams & Shakeela Rane Adams,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 739424 Children's Hospital Physicians Acct Recovery Inc. P.O. Box 34519 Omaha, NE 68134-0519		Consideration: Medical Services				303.30
ACCOUNT NO. 709425 Children's Hospital Physicians Acct Recovery Inc. P.O. Box 34519 Omaha, NE 68134-0519		Consideration: Medical Services				238.00
ACCOUNT NO. 843864 Children's Hospital Physicians Acct Recovery Inc. P.O. Box 34519 Omaha, NE 68134-0519		Consideration: Medical Services				66.00
ACCOUNT NO. 8509453192 Citibank Midland Credit Management 8875 Aero Drive Suite 200 San Diego, CA 92123						1,446.00
ACCOUNT NO. 4223980210729907 Citibank P.O. Box 6003 Hagerstown, MD 21747-6003						754.00

Sheet no. 5 of 25 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 2,807.30

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Corey Harrison Adams & Shakeela Rane Adams,  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4621203037807147 Citibank P.O. Box 6003 Hagerstown, MD 21747-6003						1,141.00
ACCOUNT NO. 8509377139 Citibank/Midland Credit Mgmt 8875 Aero Drive Suite 200 San Diego, CA 92123						956.00
ACCOUNT NO. 5424180771714125 Citicorp Master Card National Financial Systems 600 W. John Street P.O. Box 9046 Hicksville, NY 11801-1040						1,355.00
ACCOUNT NO. 00012907201 CMRE Financial Services Emergency Med Spec of Columbus 3075 E. Imperial Highway #200 Brea, CA 92821-6753		Consideration: Medical Services				334.71
ACCOUNT NO. 00003571901 CMRE Financial Services Emergency Med Spec of Columbus 3075 E. Imperial Highway #200 Brea, CA 92821-6753		Consideration: Medical Services				257.31

Sheet no. 6 of 25 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 4,044.02

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Corey Harrison Adams & Shakeela Rane Adams,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 13484953453 Columbia House Dymacol 3070 Lawson Blvd P.O. Box 9017 Oceanside, NY 11572-9017						156.68
ACCOUNT NO. 00921034156 Columbus Emergency Physicians P.O. Box 16701 Durham, NC 27704		Consideration: Medical Services				327.00
ACCOUNT NO. 93805 Columbus Pathology 717 20th Street P.O. Box 4176 Columbus, GA 31904		Consideration: Medical Services				417.00
ACCOUNT NO. 279727 Columbus Water Works P.O. Box 1600 Columbus, GA 31902-1600		Consideration: Utility Services				203.04
ACCOUNT NO. 744798567 Compuserve Interactive RSI Enterprises, Inc. P.O. Box 710507 Herndon, VA 20171-0507						450.00

Sheet no. 7 of 25 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 1,553.72

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)



B6F (Official Form 6F) (12/07) - Cont.

In re Corey Harrison Adams & Shakeela Rane Adams,  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 6129046134 Consumer Adj. Co. Mid American Energy P.O. Box 8020 Davenport, IA 52808						1,752.41
ACCOUNT NO. 2621959 Credit Acceptance Corporation 25505 W. Twelve Mile Road P.O. Box 513 Southfield, MI 48037		Consideration: Repoed Vehicle				1,464.00
ACCOUNT NO. 3022906 Des Moines Register Biehl & Biehl, Inc. 411 E. Irving Park Road Bensenville, IL 60106						66.70
ACCOUNT NO. 303226066 Doctors of Columbus Financial Corp. of America 12515 Research Blvd Bldg 2 Suite 100 Austin, TX 78759						215.15
ACCOUNT NO. 12718841 Earthlink Atlanta CCS, Inc. 23220 Chagrin Blvd 400 Cleveland, Ohio 44122						43.90

Sheet no. 8 of 25 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 3,542.16

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Corey Harrison Adams & Shakeela Rane Adams,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 008653444 Eastern Collection Corp. 1626 1A Locust Avenue Bohemia, Ny 11716						213.78
ACCOUNT NO. 00159239 Emergency Med Spec of Columbus P.O. Box 11509 Westminster, CA 92685-1509		Consideration: Medical Services				277.00
ACCOUNT NO. 25601223117800 Emergency Phys, TMC P.O. Box 189050 Plantation, FL 33318		Consideration: Medical Services				8.19
ACCOUNT NO. EZ Money Check Cashing 3314 Indianola Road Des Moines, IA 50315						325.00
ACCOUNT NO. 15859740 FNCL Corp of America 400 E. Anderson Lane Suite 30 Austin, TX 78752						1,273.00

Sheet no. 9 of 25 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 2,096.97

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Corey Harrison Adams & Shakeela Rane Adams,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5253280424615 Friedman's/Genesis Sol c/o Tate & Kirlin Associates 2810 South Hampton Road Philadelphia, PA 19154						80.53
ACCOUNT NO. 0800700514 Gascosage Electric P.O. Drawer G Dixon, Missouri 65459						48.97
ACCOUNT NO. General Revenue Corporation AIU Online 11501 Northlake Drive Cincinnati, Ohio 45249-1643						Notice Only
ACCOUNT NO. 0693670085 Georgia Power Company P.O. Box 105537 Atlanta, GA 30348		Consideration: Electric Company				381.28
ACCOUNT NO. 328007 Gill Companies LLC Professional Collection 15111 8th Avenue SW Seattle, WA 98166						5,022.00

Sheet no. 10 of 25 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 5,532.78

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Corey Harrison Adams & Shakeela Rane Adams,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 60006466 Grimes Family Phys 1551 South 3rd Street Grimes, IA 50111						25.00
ACCOUNT NO. 128554060019 Grolier Books/Retrieval Masters Creditors Bureau 2269 S. Saw Mill River Road Bldg 3 Elmsford, NY 10523						43.85
ACCOUNT NO. 67687798 Grolier Credit Services 90 Sherman Turnpike Danbury, CT 06816-0001						9.91
ACCOUNT NO. 256494439 Hamilton College Pinnacle Financial Group 7825 Washington Avenue S Suite 410 Minneapolis, MN 55439-2409						2,606.00
ACCOUNT NO. 102800 Health System Emer Physicians, PC 1301 Pennsylvania Avenue Suite 417 Des Moines, IA 50316						185.00

Sheet no. 11 of 25 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 2,869.76

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Corey Harrison Adams & Shakeela Rane Adams,  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 90805 Health System Emergency Physicians 1301 Pennsylvania Avenue Suite 417 Des Moines, IA 50316-2368						573.00
ACCOUNT NO. Several Accounts High Rive / Highlights 1800 Watermark Drive P.O. Box 269 Columbus, Ohio 43216-0269						104.16
ACCOUNT NO. 31907AAM478PN00 Highlights for Children Retrieval Masters Creditors Bureau 2269 S. Saw Mill River Road Bldg 3 Elmsford, NY 10523						26.04
ACCOUNT NO. 163405 Household Bank Bureau of Collection Recovery 7575 Corporate Way Eden Praire, MN 55344						703.17
ACCOUNT NO. 15331047 Iowa Health System DSM The CBE Group, Inc. 131 Tower Park Drive P.O. Box 900 Waterloo, IA 50704						406.00

Sheet no. 12 of 25 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 1,812.37

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Corey Harrison Adams & Shakeela Rane Adams,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 412002 Iowa Health Systems CBE Group 131 Tower Park Drive P.O. Box 900 Waterloo, IA 50704						66.00
ACCOUNT NO. 319092 Iowa Methodist Medical Ctr Iowa Health Des Moines 1200 Pleasant Street Des Moines, IA 50309						3,062.19
ACCOUNT NO. 555052 Iowa Radiology Business Revenue Systems 2419 Spy Run Avenue Fort Wayne, IN 46805						33.50
ACCOUNT NO. 376528 Iowa Recovery PC Business Revenue Systems P.o. Box 8986 Fort Wayne, IN 46898						211.50
ACCOUNT NO. 7919019961a00004 Iowa Student Loan 6805 Vista Drive West Des Moines, IA 50266-9307		Consideration: Student Loan				4,818.00

Sheet no. 13 of 25 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 8,191.19

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Corey Harrison Adams & Shakeela Rane Adams,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 0791901996 Iowa Student Loan Corporation 6805 Vista Drive West Des Moines, IA 50266-9307		Consideration: Student Loan				9,379.61
ACCOUNT NO. 0338018916 Knology CMI 4200 International Parkway Carrollton, TX 75007-1906						487.07
ACCOUNT NO. 5545279 MCI Communications Resurgent Capital Services RMS Receivables Management 260 E. Wentworth Avenue W St. Paul, MN 55118-3525						259.67
ACCOUNT NO. 22419086 Mediacom CMI 4200 International Parkway Carrollton, TX 75007-1912						53.00
ACCOUNT NO. several accounts Medical Payment Data Address Unknown Listed on Credit Report		Consideration: Medical Services				500.00

Sheet no. 14 of 25 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 10,679.35

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Corey Harrison Adams & Shakeela Rane Adams,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 00227280812020446 Mercy Medical Center Credit Bureau Enterprises P.O. Box 3251 Milwaukee, WI 53201-3251		Consideration: Medical Services				130.00
ACCOUNT NO. 0005734800189 Mercy Medical Center P.O. Box 3251 Milwaukee, WI 53201-3251						15.75
ACCOUNT NO. 4006100001067804 Metabank c/o Total Card, Inc. P.O. box 89210 Sioux Falls, SD 57109						436.00
ACCOUNT NO. 232926391 Metro American Radiology Consultants P.O. Box 635001 Cincinnati, Ohio 45263-5001						117.00
ACCOUNT NO. 00000316 Metro Medical Center 2213 Grand Avenue Des Moines, IA 50312						25.00

Sheet no. 15 of 25 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 723.75

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)



B6F (Official Form 6F) (12/07) - Cont.

In re Corey Harrison Adams & Shakeela Rane Adams,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1686464 Metro Medical Center H & R Accounts, Inc. 7017 John Deere Parkway Moline, IL 61265		Consideration: Medical Services				136.00
ACCOUNT NO. 542477081451 Midland Credit Management Bankfirst P.O. Box 939019 San Diego, CA 92193						1,443.00
ACCOUNT NO. 477721084565 Midland Credit Management Bankfirst P.O. Box 939019 San Diego, CA 92193						1,317.00
ACCOUNT NO. 1913073 Missouri Natural Gas Central Consumer Adj Co 1285 Tesson Ferry Road #200 St. Louis, MO 63128-2912						269.00
ACCOUNT NO. 07015806400 Movie Gallery Credit Collection Services P.O. Box 9133 Needham Heights, MA 02494-9133						47.14

Sheet no. 16 of 25 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 3,212.14

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Corey Harrison Adams & Shakeela Rane Adams,  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 3520130 NAFS of Canada AT&T 6341 Inducon Drive East Sanborn, NY 14132-9097						Notice Only
ACCOUNT NO. 4121741665312174 NCO Financial Systems, Inc. Capital One 507 Prudential Road Horsham, PA 19044						2,959.89
ACCOUNT NO. 53199662 NCO Financial Systems, Inc. Doctors Hospital 507 Prudential Road Horsham, PA 19044						172.00
ACCOUNT NO. 7062198884660108 NCO Financial Systems, Inc. The Medical Center 507 Prudential Road Horsham, PA 19044						28.51
ACCOUNT NO. 7062198884660108 NCO Financial Systems, Inc. The Medical Center, Inc. 507 Prudential Road Horsham, PA 19044		Consideration: Medical Services				28.51

Sheet no. 17 of 25 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 3,188.91

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Corey Harrison Adams & Shakeela Rane Adams,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5547340100528024 Net First National Bank 1550 N. Brown Road Suite 150 Lawrenceville, GA 30043-						649.00
ACCOUNT NO. 100039 Nex Estate 1333 S. Mayflower Avenue Monrovia, CA 91016-4056						80.00
ACCOUNT NO. N3P02247007740 North Shore Agency Country Homes & Gardens 751 Summa Avenue Westbury, NY 11590						89.33
ACCOUNT NO. N1601137011150 North Shore Agency Grolier Books 751 Summa Avenue Westbury, NY 11590						11.38
ACCOUNT NO. N1601228007086 North Shore Agency Grolier Books 751 Summa Avenue Westbury, NY 11590						21.96

Sheet no. 18 of 25 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 851.67

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Corey Harrison Adams & Shakeela Rane Adams,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. N6Q01137001834 North Shore Agency Grolier Books 751 Summa Avenue Westbury, NY 11590						43.87
ACCOUNT NO. NV101247001387 North Shore Agency Vibe 751 Summa Avenue Westbury, NY 11590						9.95
ACCOUNT NO. 6011004370176667 Northland Group, Inc. Greenwood Trust Company P.O. Box 390846 Edina, MN 55439						2,484.92
ACCOUNT NO. 52520014345 Paragon Way Inc. McKenzie Check Advance 2101 W. Ben White Blvd 103 Austin, TX 78704						318.56
ACCOUNT NO. 93039A202G16 Pediatrics After Hours P.O. Box 1038 Columbus, GA 31902		Consideration: Medical Services				35.00

Sheet no. 19 of 25 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 2,892.30

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Corey Harrison Adams & Shakeela Rane Adams,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 012730015 PEI-Professional Education Institute 7020 High Grove Blvd Burr Ridge, IL 60527						584.87
ACCOUNT NO. 17591752616 Professional Collection Service, Inc. Trans: Catalina Aranas 5156 River Road Suite I Columbus, GA 31904						220.00
ACCOUNT NO. 1664899 Radiology Associates of Columbus P.O. Box 2787 Columbus, GA 31902		Consideration: Medical Services				42.00
ACCOUNT NO. 493014 RAS Group, Inc. Doctors Hospital/Sterling Emerg 438 Fith Avenue Pelham, NY 10803-1257		Consideration: Medical Services				Notice Only
ACCOUNT NO. 192574 Rewards 660/TCI Dakota State Bank 2101 W. 41st Street Suite 34 Sioux Falls, SD 57105						422.33

Sheet no. 20 of 25 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 1,269.20

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Corey Harrison Adams & Shakeela Rane Adams,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 352411 Rome Finance Company P.O. Box 347 Concord, CA 94522-0347						3,505.00
ACCOUNT NO. 400610000123 RWDS660-DSB listed on credit report address unknown						422.00
ACCOUNT NO. 05017117896 Sagamore Insurance CCS P.O. Box 9134 Needham Heights, MA 02494-9134						40.10
ACCOUNT NO. 306601147 Scholastic Book Services P.O. Box 1751 Danbury, CT 06816-1751						24.40
ACCOUNT NO. 01012929570 Southtrust/Wachovia CBSI 5500 Greensboro Avenue Tuscaloosa, AL 35401						48.51

Sheet no. 21 of 25 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 4,040.01

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Corey Harrison Adams & Shakeela Rane Adams,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 707063459						
St. Francis Med Ctr P.O. Box 84012 Columbus, GA 31908						285.05
ACCOUNT NO. 45660218090						
Sterling Emerg Svcs Southeast Inc. Physicians Asset Recovery P.O. Box 47659 Jacksonville, FL 32241						187.00
ACCOUNT NO. 456001815						
Sterling Emergency Svc SE, Inc P.O. Box 74659 Jacksonville, FL 32247-7659						434.00
ACCOUNT NO. 20565381						
Sterling Phys Svc of SE ARM 2020 NE 163rd Street Ste 209 North Miami Beach, FL 33162						260.00
ACCOUNT NO. 006620146015009						
T-Mobile Valentine & Kebartas, Inc. P.O. Box 325 Lawrence, MA 01842						Notice Only

Sheet no. 22 of 25 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 1,166.05

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Corey Harrison Adams & Shakeela Rane Adams,  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 330003626 T-Mobile Bay Area Credit Services, LLC 30 Domino Drive Suite E Concord, CA 01742						1,080.84
ACCOUNT NO. 14580369 The Iowa Clinic 1215 Pleasant Street Suite 616 Des Moines, IA 50309						3.00
ACCOUNT NO. 8485141 The Medical Center Argent Healthcare Services 10 tara Blvd Suite 410 Nashua, NH 03062						81.00
ACCOUNT NO. 701785404 The Medical Center, Inc. Columbus Regional P.O. Box 1040 Columbus, GA 31902		Consideration: Medical Services				50.00
ACCOUNT NO. G30799 Title Credit Finance aka Lib Loans 4536 A Buena Vista Road Columbus, GA 31907						700.00

Sheet no. 23 of 25 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 1,914.84

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)



B6F (Official Form 6F) (12/07) - Cont.

In re Corey Harrison Adams & Shakeela Rane Adams,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5721486 Unique National Collection Chattahoochee Valley Regional 119 E. Maple Street Jeffersonville, IN 47130		Consideration: Medical Services				53.00
ACCOUNT NO. 8247197 Unitrin Specialty Insurance Adams & Morse Associates, Inc. P.O. Box 972 Manchester, NH 03105						70.50
ACCOUNT NO. 9012163120 University of Phoenix Corporate Processing 900044Q 4615 E. Elwood Phoenix, AZ 85040						70.30
ACCOUNT NO. 0209959760 Verizon Select Services CMI Credit Management Inc. 4200 International Parkway Carrollton, TX 75007-1906						34.46
ACCOUNT NO. Video Warehouse 1606 Wynnton Road Columbus, GA 31901						20.57

Sheet no. 24 of 25 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 248.83

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Corey Harrison Adams & Shakeela Rane Adams,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 302703663						
West Asset Management Doctors Hospital 1000 N. Travis Street, Suite F Sherman, TX 75090						171.60
ACCOUNT NO. 921034156						
West Asset Management Doctors Hospital 1000 N. Travis Street, Suite F Sherman, TX 75090						978.04
ACCOUNT NO. WPADACOR						
Willow Park Apartments Charles Belgarde 2219 Platwood Road Minnetonka, MN 56305						824.00
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. 25 of 25 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 1,973.64

Total > \$ 92,715.67

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

In re Corey Harrison Adams & Shakeela Rane Adams

Case No. \_\_\_\_\_

Debtor (if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

☒

 Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

In re Corey Harrison Adams & Shakeela Ranee Adams

**Debtor**

Case No. \_\_\_\_\_

(if known)

## SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

B6I (Official Form 6I) (12/07)

In re Corey Harrison Adams & Shakeela Rane AdamsCase \_\_\_\_\_  
(if known)

Debtor

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): DAUGHTER, DAUGHTER	AGE(S): 7 YEARS , 4 YEARS
<b>Employment:</b>	DEBTOR	SPOUSE
Occupation	CUSTOMER SERVICE	UNEMPLOYED
Name of Employer	ROAD AMERICA	
How long employed	2 MONTHS	OCTOBER 2007
Address of Employer		

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions  
(Prorate if not paid monthly.)

DEBTOR	SPOUSE
\$ 2,928.00	\$ 0.00

2. Estimated monthly overtime

\$ 0.00	\$ 0.00
---------	---------

3. SUBTOTAL

\$ 2,928.00	\$ 0.00
-------------	---------

4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

\$ 220.71	\$ 0.00
-----------	---------

b. Insurance

\$ 448.52	\$ 0.00
-----------	---------

c. Union Dues

\$ 0.00	\$ 0.00
---------	---------

d. Other (Specify: \_\_\_\_\_)

\$ 0.00	\$ 0.00
---------	---------

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 669.23	\$ 0.00
-----------	---------

6.. TOTAL NET MONTHLY TAKE HOME PAY

\$ 2,258.77	\$ 0.00
-------------	---------

7. Regular income from operation of business or profession or farm

(Attach detailed statement)

\$ 0.00	\$ 0.00
---------	---------

8. Income from real property

\$ 0.00	\$ 0.00
---------	---------

9. Interest and dividends

\$ 0.00	\$ 0.00
---------	---------

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.

\$ 0.00	\$ 0.00
---------	---------

11. Social security or other government assistance

(Specify) \_\_\_\_\_

\$ 0.00	\$ 0.00
---------	---------

12. Pension or retirement income

\$ 0.00	\$ 0.00
---------	---------

13. Other monthly income \_\_\_\_\_

(Specify) \_\_\_\_\_

\$ 0.00	\$ 0.00
---------	---------

\$ 0.00	\$ 0.00
---------	---------

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 0.00	\$ 0.00
---------	---------

15. AVERAGE MONTHLY INCOME (Add amounts shown on Lines 6 and 14)

\$ 2,258.77	\$ 0.00
-------------	---------

16. COMBINED AVERAGE MONTHLY INCOME (Combine column totals from line 15)

\$ 2,258.77	
-------------	--

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

None

In re Corey Harrison Adams & Shakeela Ranee Adams

Case No. \_\_\_\_\_  
(if known)

Debtor

## SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

- |                                                                                                                                                                             |    |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 1. Rent or home mortgage payment (include lot rented for mobile home)                                                                                                       | \$ | 400.00   |
| a. Are real estate taxes included? Yes _____ No <u>✓</u>                                                                                                                    |    |          |
| b. Is property insurance included? Yes _____ No <u>✓</u>                                                                                                                    |    |          |
| 2. Utilities: a. Electricity and heating fuel                                                                                                                               | \$ | 180.00   |
| b. Water and sewer                                                                                                                                                          | \$ | 50.00    |
| c. Telephone                                                                                                                                                                | \$ | 128.00   |
| d. Other <u>CABLE</u>                                                                                                                                                       | \$ | 70.00    |
| 3. Home maintenance (repairs and upkeep)                                                                                                                                    | \$ | 50.00    |
| 4. Food                                                                                                                                                                     | \$ | 400.00   |
| 5. Clothing                                                                                                                                                                 | \$ | 50.00    |
| 6. Laundry and dry cleaning                                                                                                                                                 | \$ | 150.00   |
| 7. Medical and dental expenses                                                                                                                                              | \$ | 25.00    |
| 8. Transportation (not including car payments)                                                                                                                              | \$ | 280.00   |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.                                                                                                         | \$ | 50.00    |
| 10. Charitable contributions                                                                                                                                                | \$ | 0.00     |
| 11. Insurance (not deducted from wages or included in home mortgage payments)                                                                                               |    |          |
| a. Homeowner's or renter's                                                                                                                                                  | \$ | 0.00     |
| b. Life                                                                                                                                                                     | \$ | 0.00     |
| c. Health                                                                                                                                                                   | \$ | 0.00     |
| d. Auto                                                                                                                                                                     | \$ | 110.00   |
| e. Other _____                                                                                                                                                              | \$ | 0.00     |
| 12. Taxes (not deducted from wages or included in home mortgage payments)                                                                                                   |    |          |
| (Specify) <u>CAR TAG</u>                                                                                                                                                    | \$ | 4.17     |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)                                                                |    |          |
| a. Auto                                                                                                                                                                     | \$ | 340.00   |
| b. Other _____                                                                                                                                                              | \$ | 0.00     |
| c. Other _____                                                                                                                                                              | \$ | 0.00     |
| 14. Alimony, maintenance, and support paid to others                                                                                                                        | \$ | 0.00     |
| 15. Payments for support of additional dependents not living at your home                                                                                                   | \$ | 0.00     |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)                                                                            | \$ | 0.00     |
| 17. Other <u>PERSONAL HYGIENE</u>                                                                                                                                           | \$ | 75.00    |
| 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data) | \$ | 2,362.17 |
| 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:                                |    |          |
| <u>None</u>                                                                                                                                                                 |    |          |
| 20. STATEMENT OF MONTHLY NET INCOME                                                                                                                                         |    |          |
| a. Average monthly income from Line 15 of Schedule I                                                                                                                        | \$ | 2,258.77 |
| b. Average monthly expenses from Line 18 above                                                                                                                              | \$ | 2,362.17 |
| c. Monthly net income (a. minus b.)                                                                                                                                         | \$ | -103.40  |

**B6 Summary (Official Form 6 - Summary) (12/07)**

# United States Bankruptcy Court

Middle District of Georgia

In re Corey Harrison Adams & Shakeela Ranee Adams

Debtor

Case No. \_\_\_\_\_

Chapter 7

## SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

### AMOUNTS SCHEDULED

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A – Real Property	YES	1	\$ 0.00		
B – Personal Property	YES	3	\$ 20,650.00		
C – Property Claimed as exempt	YES	1			
D – Creditors Holding Secured Claims	YES	1		\$ 16,577.96	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	2		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	26		\$ 92,715.67	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	1			\$ 2,258.77
J - Current Expenditures of Individual Debtors(s)	YES	1			\$ 2,362.17
<b>TOTAL</b>		38	\$ 20,650.00	\$ 109,293.63	

# United States Bankruptcy Court

## Middle District of Georgia

In re Corey Harrison Adams & Shakeela Rane Adams

Debtor

Case No. \_\_\_\_\_

Chapter 7

### STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 14,197.61
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 14,197.61

#### State the Following:

Average Income (from Schedule I, Line 16)	\$ 2,258.77
Average Expenses (from Schedule J, Line 18)	\$ 2,362.17
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	\$ 3,701.43

#### State the Following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 9,127.96
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 92,715.67
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 101,843.63



Corey Harrison Adams & Shakeela Ranee Adams

In re \_\_\_\_\_ Case No. \_\_\_\_\_  
Debtor (If known)

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 40 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 12/19/07

Signature: /s/ Corey Harrison Adams  
Debtor:

Date 12/19/07

Signature: /s/ Shakeela Ranee Adams  
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

### DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any,  
of Bankruptcy Petition Preparer

Social Security No.  
(Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address

X \_\_\_\_\_  
Signature of Bankruptcy Petition Preparer

\_\_\_\_\_  
Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the \_\_\_\_\_ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the \_\_\_\_\_ [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_  
[Print or type name of individual signing on behalf of debtor.]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

In Re Corey Harrison Adams & Shakeela Ranee Adams

Case No. \_\_\_\_\_  
(if known)

## STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

### DEFINITIONS

**"In business."** A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

**"Insider."** The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

### 1. Income from employment or operation of business

None  
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
2007(db)	
2006(db) \$42,000.00	WAFFLE HOUSE
2005(db) \$33,000.00	WAFFLE HOUSE
2007(jdb)	
2006(jdb) \$800.00	STUDIO 54
2005(jdb)	UNEMPLOYED

**2. Income other than from employment or operation of business**

None  
☒

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

**3. Payments to creditors**

None  
☐

*Complete a. or b., as appropriate, and c.*

*a. Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
GEORGIA POWER	JULY 2007	\$653.19	\$22.00

None  
☒

*b. Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$5,475. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
---------------------------------------------------------	-------------------	-------------	--------------------

None  
☒

*c. All debtors:* List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
---------------------------------------------------------	-------------------	-------------	--------------------

**4. Suits and administrative proceedings, executions, garnishments and attachments**

None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
------------------------------------	----------------------	---------------------------------	--------------------------

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
------------------------------------------------------------------------	--------------------	--------------------------------------

**5. Repossessions, foreclosures and returns**

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
CREDIT ACCEPTANCE	REPOED 2/6/07	1999 KIA SPORTAGE
CAR NOW ACCEPTANCE	REPOED 2004	1995 FORD TEMPO

**6. Assignments and Receiverships**

None ☒ a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
------------------------------------	--------------------	-----------------------------------------

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
-------------------------------	------------------------------------------------	---------------	-----------------------------------

#### 7. Gifts

None ☒ List all gifts or charitable contributions made within one year immediately preceding the commencement of this case, except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
--------------------------------------------	--------------------------------	--------------	-------------------------------

#### 8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES, AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
-----------------------------------	-----------------------------------------------------------------------------------------------------------	--------------

#### 9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
WILLIAM H. AREY Arey Long and Cross P.O. BOX 8641 COLUMBUS, GA 31908	8/3/07	CHAPTER 7 CASE COURT COST \$299.00 ATTORNEY FEES \$901.00
DENNIS MCPHEARSON	APRIL 2007	PERSONAL INJURY

**10. Other transfers**

None



a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE,  
RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY  
TRANSFERRED AND  
VALUE RECEIVED

None



b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE

DATE(S) OF  
TRANSFER(S)

AMOUNT OF MONEY OR  
DESCRIPTION AND  
VALUE OF PROPERTY OR  
DEBTOR'S INTEREST IN PROPERTY

**11. Closed financial accounts**

None



List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND  
ADDRESS OF  
INSTITUTION

TYPE OF ACCOUNT, LAST FOUR  
DIGITS OF ACCOUNT NUMBER,  
AND AMOUNT OF FINAL BALANCE

AMOUNT AND  
DATE OF SALE  
OR CLOSING

WACHOVIA

CHECKING ACCOUNT

APRIL 2007

TIC FEDERAL CREDIT  
UNION

CHECKING AND  
SAVINGS ACCOUNTS

MARCH 2007

**12. Safe deposit boxes**

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
----------------------------------------------	---------------------------------------------------------------	-------------------------	---------------------------------------

**13. Setoffs**

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
------------------------------	----------------	------------------

**14. Property held for another person**

None ☒ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
---------------------------	-----------------------------------	----------------------

**15. Prior address of debtor**

None ☐ If the debtor has moved within the three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
416 WALMUT STREET COLUMBUS, GA 31904		3 MONTHS
1012 B CALVIN AVENUE COLUMBUS, GA 31903		ONE MONTH
478 PINECREST DRIVE  COLUMBUS, GA 31907		JUN E2006 - MAY 2007
717 GEORGIA DRIVE COLUMBUS, GA 31907		JUN E2005 - JUNE 2006

**16. Spouses and Former Spouses**

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

**17. Environmental Sites**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
--------------------------	------------------------------------------	-------------------	----------------------

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None



SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
--------------------------	------------------------------------------	-------------------	----------------------

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

None



NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
------------------------------------------	---------------	-----------------------



**18. Nature, location and name of business**

None



a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

NAME	TAXPAYER I.D. NO. (EIN)	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
------	----------------------------	---------	--------------------	-------------------------------

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None



NAME

ADDRESS

**[Questions 19 - 25 are not applicable to this case]**

\* \* \* \* \*

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date	<u>12/19/07</u>	Signature of Debtor	<u>/s/ Corey Harrison Adams</u> COREY HARRISON ADAMS
Date	<u>12/19/07</u>	Signature of Joint Debtor	<u>/s/ Shakeela Ranee Adams</u> SHAKEELA RANEE ADAMS

0 continuation sheets attached

***Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §152 and 3571***

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**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and required under 11U.S.C. §§ 110(b), 110(h), and 342(b); (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section.

\_\_\_\_\_  
Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
Social Security No. (Required by 11 U.S.C. § 110(c).)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.*

\_\_\_\_\_  
Address

X  
Signature of Bankruptcy Petition Preparer

\_\_\_\_\_  
Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

***A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. §156.***

Document Page 59 of 88  
UNITED STATES BANKRUPTCY COURT  
Middle District of Georgia

In re Corey Harrison Adams & Shakeela Ranee Adams ,  
Debtor

Case No. \_\_\_\_\_  
Chapter 7

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

*[Check each applicable box]*

- ☒ I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.  
☐ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.  
☒ I intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be Reaffirmed pursuant to 11 U.S.C. § 524(c)
1996 BUICK LESABRE	CONTINENTAL SERVI...	✓	✓		

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)
NONE		

Date: 12/19/07

/s/ Corey Harrison Adams  
Signature of Debtor COREY HARRISON ADAMS

-----

**CERTIFICATION OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and required under 11U.S.C. §§ 110(b), 110(h), and 342(b); (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section.

\_\_\_\_\_  
Printed or Typed Name of Bankruptcy Petition Preparer

\_\_\_\_\_  
Social Security No. (Required by 11 U.S.C. § 110(c).)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal responsible person or partner who signs this document.*

\_\_\_\_\_  
Address

X

\_\_\_\_\_  
Signature of Bankruptcy Petition Preparer

\_\_\_\_\_  
Date

Names and Social Security Numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. §156.*

Document Page 61 of 88  
UNITED STATES BANKRUPTCY COURT  
Middle District of GeorgiaIn re Corey Harrison Adams & Shakeela Ranee Adams,  
DebtorCase No. \_\_\_\_\_  
Chapter 7**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION***[Check each applicable box]*

- ☒ We have filed a schedule of assets and liabilities which includes debts secured by property of the estate.
- ☐ We have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.
- ☒ We intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be Reaffirmed pursuant to 11 U.S.C. § 524(c)
KIRBY VACUUM CLEANER... 1997 TOYOTA AVALON	MERCHANTS ACCEPT... GIL'S AUTO SALES	✓	✓ ✓		✓

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)
NONE		

Date: 12/19/07/s/ Corey Harrison AdamsSignature of Debtor COREY HARRISON ADAMSDate: 12/19/07/s/ Shakeela Ranee AdamsSignature of Joint Debtor SHAKEELA RANEE ADAMS

**CERTIFICATION OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and required under 11U.S.C. §§ 110(b), 110(h), and 342(b); (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section.

\_\_\_\_\_  
Printed or Typed Name of Bankruptcy Petition Preparer

\_\_\_\_\_  
Social Security No. (Required by 11 U.S.C. § 110(c).)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal responsible person or partner who signs this document.*

\_\_\_\_\_  
Address

X

\_\_\_\_\_  
Signature of Bankruptcy Petition Preparer

\_\_\_\_\_  
Date

Names and Social Security Numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. §156.*

UNITED STATES BANKRUPTCY COURT  
Middle District of Georgia

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

**1. Services Available from Credit Counseling Agencies**

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

**Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

X  
Signature of Bankruptcy Petition Preparer or officer,  
principal, responsible person, or partner whose Social  
Security number is provided above.

Social Security number (If the bankruptcy petition  
preparer is not an individual, state the Social Security  
number of the officer, principal, responsible person, or partner of  
the bankruptcy petition preparer.) (Required  
by 11 U.S.C. § 110.)

**Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Corey Harrison Adams & Shakeela Ranee Adams  
Printed Name(s) of Debtor(s)

Case No. (if known) \_\_\_\_\_

X/s/ Corey Harrison Adams 12/19/07  
Signature of Debtor Date

X/s/ Shakeela Ranee Adams 12/19/07  
Signature of Joint Debtor (if any) Date



Academy Collection Service, Inc.  
Premier Bankcard  
10965 Decatur Road  
Philadelphia, PA 19145-32010

AIU Online  
General Revenue Corp.  
P.O. Box 195999  
Cincinnati, Ohio 45249-5999

AIU Online  
General Revenue Corporation  
P.O. box 495999  
Cincinnati, Ohio 45249-5999

American Express  
P.O. Box 981535  
El Paso, TX 79998-1535

Armstrong & Associates  
St. Francis Hospital  
P.O. Box 1787  
Mobile, AL 36633

Army Exchange Relief  
Capital Recovery Service  
P.O. Box 1170  
Fairfax, VA 22030

Bell South  
c/o Robinson, Reagan & Young, PLLC  
260 Cumberland Bend  
Nashville, TN 37228-1804

Bell South/CBCS  
P.O. Box 69  
Columbus, Ohio 43216

Block Buster  
Protection Associates LP  
13355 Noel Road  
Dallas, TX 75240

Block Buster  
Protection Associates LP  
13355 Noel Road  
Dallas, TX 75240

Block Buster  
Protection Associates LP  
13355 Noel Road  
Dallas, TX 75240

Block Buster  
Protection Associates LP  
13355 Noel Road  
Dallas, TX 75240

BMG Jazz Club  
North Shore Agency  
P.O. Box 8922  
Westbury, NY 11590

BMG Music Services  
GS Services Lim Partnership  
6330 Gulfton  
Houston, TX 77081

Business Services  
Carney Appleby & Nielsen, PLC  
400 Homestead Building  
303 Locust Street  
Des Moines, IA 50309

Capital Management Services LP  
Resurgent Capital Services  
726 Exchange Street Suite 700  
Buffalo, NY 14210

Capital Management Services, LP  
Plains Commerce Bank  
726 Exchange Street Suite 700  
Buffalo, NY

Car Now Acceptance Corp.  
Asset Acceptance  
P.O. Box 2036  
Warren, MI 48090-2036

Cavalry Portfolio Services, LLC  
AT&T  
P.O. Box 27288  
Tempe, AZ 85282-7288

Cavalry Portfolio Services, LLC  
Sprint  
P.O. Box 27288  
Tempe, AZ 85282-7288

Cavalry Portfolio Services, LLC  
Sprint  
P.O. Box 27288  
Tempe, AZ 85282-7288

CBE Group  
Medical  
131 Tower Park Drive  
Waterloo, IA 50704

Charter Communications  
AFNI  
P.O. Box 20939  
Ferndale, MI 48220

Check Into Cash  
National Credit Adjusters  
P.O. Box 3023  
Hutchinson, KS 67504-3023

Children's Hospital Physicians  
Acct Recovery Inc.  
P.O. Box 34519  
Omaha, NE 68134-0519

Children's Hospital Physicians  
Acct Recovery Inc.  
P.O. Box 34519  
Omahe, NE 68134-0519

Children's Hospital Physicians  
Acct Recovery Inc.  
P.O. Box 34519  
Omahe, NE 68134-0519

Citibank  
Midland Credit Management  
8875 Aero Drive  
Suite 200  
San Diego, CA 92123

Citibank  
P.O. Box 6003  
Hagerstown, MD 21747-6003

Citibank  
P.O. Box 6003  
Hagerstown, MD 21747-6003

Citibank/Midland Credit Mgmt  
8875 Aero Drive Suite 200  
San Diego, CA 92123

Citicorp Master Card  
National Financial Systems  
600 W. John Street  
P.O. Box 9046  
Hicksville, NY 11801-1040

CMRE Financial Services  
Emergency Med Spec of Columbus  
3075 E. Imperial Highway #200  
Brea, CA 92821-6753

CMRE Financial Services  
Emergency Med Spec of Columbus  
3075 E. Imperial Highway #200  
Brea, CA 92821-6753

Columbia House  
Dymacol  
3070 Lawson Blvd  
P.O. Box 9017  
Oceanside, NY 11572-9017

Columbus Emergency Physicians  
P.O. Box 16701  
Durham, NC 27704

Columbus Pathology  
717 20th Street  
P.O. Box 4176  
Columbus, GA 31904

Columbus Water Works  
P.O. Box 1600  
Columbus, GA 31902-1600

Compuserve Interactive  
RSI Enterprises, Inc.  
P.O. Box 710507  
Herndon, VA 20171-0507

Consumer Adj. Co.  
Mid American Energy  
P.O. Box 8020  
Davenport, IA 52808

Continental Servicing  
5747 Perimeter Drive  
Suite 140  
Dublin, Ohio 43017-3216

Credit Acceptance Corporation  
25505 W. Twelve Mile Road  
P.O. Box 513  
Southfield, MI 48037

Des Moines Register  
Biehl & Biehl, Inc.  
411 E. Irving Park Road  
Bensenville, IL 60106

Doctors of Columbus  
Financial Corp. of America  
12515 Research Blvd Bldg 2  
Suite 100  
Austin, TX 78759

Earthlink Atlanta  
CCS, Inc.  
23220 Chagrin Blvd 400  
Cleveland, Ohio 44122

Eastern Collection Corp.  
1626 1A Locust Avenue  
Bohemia, Ny 11716

Emergency Med Spec of Columbus  
P.O. Box 11509  
Westminster, CA 92685-1509

Emergency Phys, TMC  
P.O. Box 189050  
Plantation, FL 33318

EZ Money Check Cashing  
3314 Indianola Road  
Des Moines, IA 50315

FNCL Corp of America  
400 E. Anderson Lane Suite 30  
Austin, TX 78752

Friedman's/Genesis Sol  
c/o Tate & Kirlin Associates  
2810 South Hampton Road  
Philadelphia, PA 19154

Gascosage Electric  
P.O. Drawer G  
Dixon, Missouri 65459

General Revenue Corporation  
AIU Online  
11501 Northlake Drive  
Cincinnati, Ohio 45249-1643

Georgia Power Company  
P.O. Box 105537  
Atlanta, GA 30348

Gil's Auto Sales  
1712 E. 280 Bypass  
Phenix City, AL 36867

Gill Companies LLC  
Professional Collection  
15111 8th Avenue SW  
Seattle, WA 98166

Grimes Family Phys  
1551 South 3rd Street  
Grimes, IA 50111

Grolier Books/Retrieval Masters  
Creditors Bureau  
2269 S. Saw Mill River Road Bldg 3  
Elmsford, NY 10523

Grolier Credit Services  
90 Sherman Turnpike  
Danbury, CT 06816-0001

Hamilton College  
Pinnacle Financial Group  
7825 Washington Avenue S  
Suite 410  
Minneapolis, MN 55439-2409

Health System Emer Physicians, PC  
1301 Pennsylvania Avenue Suite 417  
Des Moines, IA 50316

Health System Emergency Physicians  
1301 Pennsylvania Avenue  
Suite 417  
Des Moines, IA 50316-2368

High Rive / Highlights  
1800 Watermark Drive  
P.O. Box 269  
Columbus, Ohio 43216-0269

Highlights for Children  
Retrieval Masters Creditors  
Bureau  
2269 S. Saw Mill River Road Bldg 3  
Elmsford, NY 10523

Household Bank  
Bureau of Collection Recovery  
7575 Corporate Way  
Eden Prairie, MN 55344

Iowa Health System DSM  
The CBE Group, Inc.  
131 Tower Park Drive  
P.O. Box 900  
Waterloo, IA 50704

Iowa Health Systems  
CBE Group  
131 Tower Park Drive  
P.O. Box 900  
Waterloo, IA 50704

Iowa Methodist Medical Ctr  
Iowa Health Des Moines  
1200 Pleasant Street  
Des Moines, IA 50309

Iowa Radiology  
Business Revenue Systems  
2419 Spy Run Avenue  
Fort Wayne, IN 46805



Iowa Recovery PC  
Business Revenue Systems  
P.o. Box 8986  
Fort Wayne, IN 46898

Iowa Student Loan  
6805 Vista Drive West  
Des Moines, IA 50266-9307

Iowa Student Loan Corporation  
6805 Vista Drive West  
Des Moines, IA 50266-9307

Knology  
CMI  
4200 International Parkway  
Carrollton, TX 75007-1906

MCI Communications  
Resurgent Capital Services  
RMS Receivables Management  
260 E. Wentworth Avenue W  
St. Paul, MN 55118-3525

Mediacom  
CMI  
4200 International Parkway  
Carrollton, TX 75007-1912

Medical Payment Data  
Address Unknown  
Listed on Credit Report

Merchants Acceptance  
c/o Michael P. Cielinski  
P.O. Box 1882  
Columbus, GA 31902

Mercy Medical Center  
Credit Bureau Enterprises  
P.O. Box 3251  
Milwaukee, WI 53201-3251

Mercy Medical Center  
P.O. Box 3251  
Milwaukee, WI 53201-3251

Metabank  
c/o Total Card, Inc.  
P.O. box 89210  
Sioux Falls, SD 57109

Metro American Radiology Consultants  
P.O. Box 635001  
Cincinnati, Ohio 45263-5001

Metro Medical Center  
2213 Grand Avenue  
Des Moines, IA 50312

Metro Medical Center  
H & R Accounts, Inc.  
7017 John Deere Parkway  
Moline, IL 61265

Midland Credit Management  
Bankfirst  
P.O. Box 939019  
San Diego, CA 92193

Midland Credit Management  
Bankfirst  
P.O. Box 939019  
San Diego, CA 92193

Missouri Natural Gas  
Central Concumer Adj Co  
1285 Tesson Ferry Road #200  
St. Louis, MO 63128-2912

Movie Gallery  
Credit Collection Services  
P.O. Box 9133  
Needham Heights, MA 02494-9133

NAFS of Canada  
AT&T  
6341 Inducon Drive East  
Sanborn, NY 14132-9097

NCO Financial Systems, Inc.  
Capital One  
507 Prudential Road  
Horsham, PA 19044

NCO Financial Systems, Inc.  
Doctors Hospital  
507 Prudential Road  
Horsham, PA 19044

NCO Financial Systems, Inc.  
The Medical Center  
507 Prudential Road  
Horsham, PA 19044

NCO Financial Systems, Inc.  
The Medical Center, Inc.  
507 Prudential Road  
Horsham, PA 19044

Net First National Bank  
1550 N. Brown Road  
Suite 150  
Lawrenceville, GA 30043-

Nex Estate  
1333 S. Mayflower Avenue  
Monrovia, CA 91016-4056

North Shore Agency  
Country Homes & Gardens  
751 Summa Avenue  
Westbury, NY 11590

North Shore Agency  
Grolier Books  
751 Summa Avenue  
Westbury, NY 11590

North Shore Agency  
Grolier Books  
751 Summa Avenue  
Westbury, NY 11590

North Shore Agency  
Grolier Books  
751 Summa Avenue  
Westbury, NY 11590

North Shore Agency  
Vibe  
751 Summa Avenue  
Westbury, NY 11590

Northland Group, Inc.  
Greenwood Trust Company  
P.O. Box 390846  
Edina, MN 55439

Paragon Way Inc.  
McKenzie Check Advance  
2101 W. Ben White Blvd 103  
Austin, TX 78704

Pediatrics After Hours  
P.O. Box 1038  
Columbus, GA 31902

PEI-Professional Education  
Institute  
7020 High Grove Blvd  
Burr Ridge, IL 60527

Professional Collection Service, Inc.  
Trans: Catalina Aranas  
5156 River Road Suite I  
Columbus, GA 31904

Radiology Associates of Columbus  
P.O. Box 2787  
Columbus, GA 31902

RAS Group, Inc.  
Doctors Hospital/Sterling Emerg  
438 Fith Avenue  
Pelham, NY 10803-1257

Rewards 660/TCI  
Dakota State Bank  
2101 W. 41st Street  
Suite 34  
Sioux Falls, SD 57105

Rome Finance Company  
P.O. Box 347  
Concord, CA 94522-0347

RWDS660-DSB  
listed on credit report  
address unknown

Sagamore Insurance  
CCS  
P.O. Box 9134  
Needham Heights, MA 02494-9134

Scholastic Book Services  
P.O. Box 1751  
Danbury, CT 06816-1751

Southtrust/Wachovia  
CBSI  
5500 Greensboro Avenue  
Tuscaloosa, AL 35401

St. Francis Med Ctr  
P.O. Box 84012  
Columbus, GA 31908

Sterling Emerg Svcs Southeast Inc.  
Physicians Asset Recovery  
P.O. Box 47659  
Jacksonville, FL 32241

Sterling Emergency Svc SE, Inc  
P.O. Box 74659  
Jacksonville, FL 32247-7659

Sterling Phys Svc of SE  
ARM  
2020 NE 163rd Street Ste 209  
North Miami Beach, FL 33162

T-Mobile  
Valentine & Kebartas, Inc.  
P.O. Box 325  
Lawrence, MA 01842

T-Mobile  
Bay Area Credit Services, LLC  
30 Domino Drive Suite E  
Concord, CA 01742

The Iowa Clinic  
1215 Pleasant Street  
Suite 616  
Des Moines, IA 50309

The Medical Center  
Argent Healthcare Services  
10 tara Blvd Suite 410  
Nashua, NH 03062

The Medical Center, Inc.  
Columbus Regional  
P.O. Box 1040  
Columbus, GA 31902

Title Credit Finance  
aka Lib Loans  
4536 A Buena Vista Road  
Columbus, GA 31907

Unique National Collection  
Chattahoochee Valley Regional  
119 E. Maple Street  
Jeffersonville, IN 47130

Unitrin Specialty Insurance  
Adams & Morse Associates, Inc.  
P.O. Box 972  
Manchester, NH 03105

University of Phoenix  
Corporate Processing 900044Q  
4615 E. Elwood  
Phoenix, AZ 85040

Verizon Select Services  
CMI Credit Management Inc.  
4200 International Parkway  
Carrollton, TX 75007-1906

Video Warehouse  
1606 Wynnton Road  
Columbus, GA 31901

West Asset Management  
Doctors Hospital  
1000 N. Travis Street, Suite F  
Sherman, TX 75090

West Asset Management  
Doctors Hospital  
1000 N. Travis Street, Suite F  
Sherman, TX 75090

Willow Park Apartments  
Charles Belgarde  
2219 Platwood Road  
Minnetonka, MN 56305

**UNITED STATES BANKRUPTCY COURT  
Middle District of Georgia**

In re Corey Harrison Adams & Shakeela Ranee Adams ,  
Debtor

Case No. \_\_\_\_\_

Chapter 7 \_\_\_\_\_

**VERIFICATION OF LIST OF CREDITORS**

I hereby certify under penalty of perjury that the attached List of Creditors which consists of 15 pages, is true, correct and complete to the best of my knowledge.

Date 12/19/07 \_\_\_\_\_

Signature  
of Debtor

/s/ Corey Harrison Adams

COREY HARRISON ADAMS

Date 12/19/07 \_\_\_\_\_

Signature  
of Joint Debtor

/s/ Shakeela Ranee Adams

SHAKEELA RANEE ADAMS



B203  
12/94

United States Bankruptcy Court  
Middle District of Georgia

In re Corey Harrison Adams & Shakeela Rane Adams

Case No. \_\_\_\_\_

Chapter 7

Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ 901.00

Prior to the filing of this statement I have received ..... \$ 901.00

Balance Due ..... \$ 0.00

2. The source of compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

REPRESENTATION IN ADVERSARY PROCEEDINGS, AVOIDING LIENS AND CONTESTED MATTERS.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in the bankruptcy proceeding.

12/19/07

*Date*

/s/ WILLIAM H. AREY

*Signature of Attorney*

Are Long and Cross

*Name of law firm*

Corey Harrison Adams &amp; Shakeela Rane Adams

According to the calculations required by this statement:

- ☐ The presumption arises.  
☒ The presumption does not arise.

(Check the box as directed in Parts I, III, and VI of this statement.)

In re \_\_\_\_\_

Debtor(s)

Case Number: \_\_\_\_\_

(If known)

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedule I and J, this statement must be completed by every individual Chapter 7 debtor, whether or not filing jointly, whose debts are primarily consumer debts. Joint debtors may complete one statement only.

### Part I. EXCLUSION FOR DISABLED VETERANS

1

If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.

☐ Veteran's Declaration. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).

### Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION

Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.

a. ☐ Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.

b. ☐ Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only Column A ("Debtor's Income") for Lines 3-11.

c. ☐ Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B (Spouse's Income) for Lines 3-11.

d. ☒ Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B (Spouse's Income) for Lines 3-11.

All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.

Column A  
Debtor's  
IncomeColumn B  
Spouse's  
Income

3

Gross wages, salary, tips, bonuses, overtime, commissions.

\$ 3,620.73

\$ 80.70

4

Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.

a.	Gross receipts	\$	0.00
b.	Ordinary and necessary business expenses	\$	0.00
c.	Business income	Subtract Line b from Line a	

\$ 0.00

\$ 0.00

5

Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.

a.	Gross receipts	\$	0.00
b.	Ordinary and necessary operating expenses	\$	0.00
c.	Rent and other real property income	Subtract Line b from Line a	

\$ 0.00

\$ 0.00

6

Interest, dividends and royalties.

\$ 0.00

\$ 0.00

7

Pension and retirement income.

\$ 0.00

\$ 0.00

8

Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child or spousal support. Do not include amounts paid by the debtor's spouse if Column B is completed.

\$ 0.00

\$ 0.00

9	<p>Unemployment compensation. Enter the amount in in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:</p> <table border="1"> <tr> <td>Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td>Debtor \$ 0.00</td> <td>Spouse \$ 0.00</td> </tr> </table>	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ 0.00	Spouse \$ 0.00	\$ 0.00	\$ 0.00			
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ 0.00	Spouse \$ 0.00							
10	<p>Income from all other sources. If necessary, list additional sources on a separate page. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. Specify source and amount.</p> <table border="1"> <tr> <td>a.</td> <td></td> <td>\$ 0.00</td> </tr> <tr> <td>b.</td> <td></td> <td>\$ 0.00</td> </tr> </table> <p>Total and enter on Line 10</p>	a.		\$ 0.00	b.		\$ 0.00	\$ 0.00	\$ 0.00
a.		\$ 0.00							
b.		\$ 0.00							
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).	\$ 3,620.73	\$ 80.70						
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$ 3,701.43							

Part III. APPLICATION OF § 707(b)(7) EXCLUSION		
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$ 44,417.16
14	<p>Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p> <p>a. Enter debtor's state of residence: Georgia b. Enter debtor's household size: 4</p>	\$ 66,711.00
15	<p>Application of Section 707(b)(7). Check the applicable box and proceed as directed.</p> <p><input checked="" type="checkbox"/> The amount on Line 13 is less than or equal to the amount on Line 14. Check the "The presumption does not arise" box at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI and VII.</p> <p><input type="checkbox"/> The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.</p>	

Complete Parts IV, V, VI and VII of this statement only if required. (See Line 15).

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)		
16	Enter the amount from Line 12.	\$ N.A.
17	Marital adjustment. If you checked the box at Line 2.c, enter the amount of the income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. If you did not check box at Line 2.c, enter zero.	\$ N.A.
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.	\$ N.A.

Part V. CALCULATION OF DEDUCTIONS ALLOWED UNDER § 707(b)(2)		
Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)		
19	National Standards: food, clothing, household supplies, personal care, and miscellaneous. Enter "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable family size and income level. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	N.A.
20A	Local Standards: housing and utilities; non-mortgage expenses Enter amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	N.A.

20B	<p>Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.</p> <table border="1"> <tr> <td>a.</td> <td>IRS Housing and Utilities Standards; mortgage/rental expense</td> <td>\$</td> <td>N.A.</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td> <td>\$</td> <td>N.A.</td> </tr> <tr> <td>c.</td> <td>Net mortgage/rental expense</td> <td colspan="2">Subtract Line b from Line a</td> </tr> </table>		a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	N.A.	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$	N.A.	c.	Net mortgage/rental expense	Subtract Line b from Line a		\$	N.A.
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	N.A.													
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$	N.A.													
c.	Net mortgage/rental expense	Subtract Line b from Line a														
21	<p>Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p> <p>_____</p> <p>_____</p> <p>_____</p>		\$	N.A.												
22	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.</p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>Enter the amount from IRS Transportation Standards, Operating Costs &amp; Public Transportation Costs for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>		\$	N.A.												
23	<p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the amount from IRS Transportation Standards, Ownership Costs, First Car. (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court). Enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.</p> <table border="1"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs, First Car</td> <td>\$</td> <td>N.A.</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td> <td>\$</td> <td>N.A.</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 1</td> <td colspan="2">Subtract Line b from Line a</td> </tr> </table>		a.	IRS Transportation Standards, Ownership Costs, First Car	\$	N.A.	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$	N.A.	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a		\$	N.A.
a.	IRS Transportation Standards, Ownership Costs, First Car	\$	N.A.													
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$	N.A.													
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a														
24	<p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.</p> <p>Enter, in Line a below, the amount from IRS Transportation Standards, Ownership Costs, Second Car. (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court). Enter in Line b the total of that Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.</p> <table border="1"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs, Second Car</td> <td>\$</td> <td>N.A.</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td> <td>\$</td> <td>N.A.</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 2</td> <td colspan="2">Subtract Line b from Line a</td> </tr> </table>		a.	IRS Transportation Standards, Ownership Costs, Second Car	\$	N.A.	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	N.A.	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a		\$	N.A.
a.	IRS Transportation Standards, Ownership Costs, Second Car	\$	N.A.													
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	N.A.													
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a														
25	<p>Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.</p>		\$	N.A.												
26	<p>Other Necessary Expenses: mandatory payroll deductions. Enter the total average monthly payroll deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as non-mandatory 401(k) contributions.</p>		\$	N.A.												

27	Other Necessary Expenses: life insurance. Enter average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums on your dependents, for whole life or for any other form of insurance.	\$	N.A.
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to court order, such as spousal or child support payments. Do not include payments on past due support obligations included in Line 44.	\$	N.A.
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$	N.A.
30	Other Necessary Expenses: childcare. Enter the average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.	\$	N.A.
31	Other Necessary Expenses: health care. Enter the average monthly amount that you actually expend on health care expenses that are not reimbursed by insurance or paid by a health savings account. Do not include payments for health insurance or health savings accounts listed in Line 34.	\$	N.A.
32	Other Necessary Expenses: telecommunication services. Enter the average monthly amount that you actually pay for telecommunication services other than your basic home telephone service—such as cell phones, pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$	N.A.
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32	\$	N.A.

**Subpart B: Additional Expense Deductions under § 707(b)**  
 Note: Do not include any expenses that you have listed in Lines 19-32.

34	Health Insurance, Disability Insurance and Health Savings Account Expenses. List and total the average monthly amounts that you actually that you actually pay for yourself, your spouse, or your dependents in the following categories.		
	a.	Health Insurance	\$ N.A.
	b.	Disability Insurance	\$ N.A.
	c.	Health Savings Account	\$ N.A.
	Total: Add Lines a, b and c		\$ N.A.
35	Continued contributions to the care of household or family members. Enter the actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.	\$	N.A.
36	Protection against family violence. Enter any average monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$	N.A.
37	Home energy costs. Enter the average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.	\$	N.A.
38	Education expenses for dependent children less than 18. Enter the average monthly expenses that you actually incur, not to exceed \$137.50 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. You must provide your case trustee with documentation demonstrating that the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.	\$	N.A.
39	Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.	\$	N.A.
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170	\$	N.A.
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40.	\$	N.A.

## Subpart C: Deductions for Debt Payment

42	<p>Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, and state the Average Monthly Payment. The Average Monthly Payment is the total of all amounts contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. Mortgage debts should include payments of taxes and insurance required by the mortgage. If necessary, list additional entries on a separate page.</p> <table border="1"><thead><tr><th></th><th>Name of Creditor</th><th>Property Securing the Debt</th><th>Average Monthly Payment</th></tr></thead><tbody><tr><td>a.</td><td></td><td></td><td>\$</td></tr><tr><td>b.</td><td></td><td></td><td>\$</td></tr><tr><td>c.</td><td></td><td></td><td>\$</td></tr><tr><td></td><td></td><td></td><td>Total: Add Lines a, b and c</td></tr></tbody></table>				Name of Creditor	Property Securing the Debt	Average Monthly Payment	a.			\$	b.			\$	c.			\$				Total: Add Lines a, b and c	\$	N.A.
	Name of Creditor	Property Securing the Debt	Average Monthly Payment																						
a.			\$																						
b.			\$																						
c.			\$																						
			Total: Add Lines a, b and c																						
43	<p>Past due payments on secured claims. If any of the debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.</p> <table border="1"><thead><tr><th></th><th>Name of Creditor</th><th>Property Securing the Debt</th><th>1/60th of the Cure Amount</th></tr></thead><tbody><tr><td>a.</td><td></td><td></td><td>\$</td></tr><tr><td>b.</td><td></td><td></td><td>\$</td></tr><tr><td>c.</td><td></td><td></td><td>\$</td></tr><tr><td></td><td></td><td></td><td>Total: Add Lines a, b and c</td></tr></tbody></table>				Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	a.			\$	b.			\$	c.			\$				Total: Add Lines a, b and c	\$	N.A.
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount																						
a.			\$																						
b.			\$																						
c.			\$																						
			Total: Add Lines a, b and c																						
44	Payments on priority claims. Enter the total amount of all priority claims (including priority child support and alimony claims), divided by 60.			\$	N.A.																				
45	<p>Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.</p> <table border="1"><tbody><tr><td>a.</td><td>Projected average monthly Chapter 13 plan payment.</td><td>\$</td><td>N.A.</td></tr><tr><td>b.</td><td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</td><td colspan="2">N.A.</td></tr><tr><td>c.</td><td>Average monthly administrative expense of Chapter 13 case</td><td colspan="2">Total: Multiply Lines a and b</td></tr></tbody></table>			a.	Projected average monthly Chapter 13 plan payment.	\$	N.A.	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	N.A.		c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b		\$	N.A.								
a.	Projected average monthly Chapter 13 plan payment.	\$	N.A.																						
b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	N.A.																							
c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b																							
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.			\$	N.A.																				
Subpart D: Total Deductions Allowed under § 707(b)(2)																									
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.				\$	N.A.																			

## Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION

48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$	N.A.
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$	N.A.
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.	\$	N.A.
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$	N.A.

52	<p>Initial presumption determination. Check the applicable box and proceed as directed.</p> <p><input type="checkbox"/> The amount on Line 51 is less than \$6,575. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.</p> <p><input type="checkbox"/> The amount set forth on Line 51 is more than \$10,950. Check the "Presumption arises" box at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.</p> <p><input type="checkbox"/> The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete the remainder of Part VI (Lines 53 through 55).</p>	
53	Enter the amount of your total non-priority unsecured debt	\$ N.A.
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$ N.A.
55	<p>Secondary presumption determination. Check the applicable box and proceed as directed.</p> <p><input type="checkbox"/> The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.</p> <p><input type="checkbox"/> The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.</p>	

**Part VII: ADDITIONAL EXPENSE CLAIMS**

56	<p>Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.</p>																
	<table border="1"><thead><tr><th></th><th>Expense Description</th><th>Monthly Amount</th></tr></thead><tbody><tr><td>a.</td><td></td><td>\$</td></tr><tr><td>b.</td><td></td><td>\$</td></tr><tr><td>c.</td><td></td><td>\$</td></tr><tr><td colspan="2">Total: Add Lines a, b and c</td><td>\$ N.A.</td></tr></tbody></table>		Expense Description	Monthly Amount	a.		\$	b.		\$	c.		\$	Total: Add Lines a, b and c		\$ N.A.	
	Expense Description	Monthly Amount															
a.		\$															
b.		\$															
c.		\$															
Total: Add Lines a, b and c		\$ N.A.															

**Part VIII: VERIFICATION**

57	<p>I declare under penalty of perjury that the information provided in this statement is true and correct. (If this a joint case, both debtors must sign.)</p> <p>Date: <u>12/19/07</u> Signature: <u>/s/ Corey Harrison Adams</u> (Debtor)</p> <p>Date: <u>12/19/07</u> Signature: <u>/s/ Shakeela Ranee Adams</u> (Joint Debtor, if any)</p>	
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Form 22 Continuation Sheet

Form 22 Continuation Sheet					
Income Month 1			Income Month 2		
Gross wages, salary, tips...	2,928.00	0.00	Gross wages, salary, tips...	3,135.60	0.00
Income from business...	0.00	0.00	Income from business...	0.00	0.00
Rents and real property income...	0.00	0.00	Rents and real property income...	0.00	0.00
Interest, dividends...	0.00	0.00	Interest, dividends...	0.00	0.00
Pension, retirement...	0.00	0.00	Pension, retirement...	0.00	0.00
Contributions to HH Exp...	0.00	0.00	Contributions to HH Exp...	0.00	0.00
Unemployment...	0.00	0.00	Unemployment...	0.00	0.00
Other Income...	0.00	0.00	Other Income...	0.00	0.00
Income Month 3			Income Month 4		
Gross wages, salary, tips...	3,398.77	0.00	Gross wages, salary, tips...	5,684.91	0.00
Income from business...	0.00	0.00	Income from business...	0.00	0.00
Rents and real property income...	0.00	0.00	Rents and real property income...	0.00	0.00
Interest, dividends...	0.00	0.00	Interest, dividends...	0.00	0.00
Pension, retirement...	0.00	0.00	Pension, retirement...	0.00	0.00
Contributions to HH Exp...	0.00	0.00	Contributions to HH Exp...	0.00	0.00
Unemployment...	0.00	0.00	Unemployment...	0.00	0.00
Other Income...	0.00	0.00	Other Income...	0.00	0.00
Income Month 5			Income Month 6		
Gross wages, salary, tips...	4,542.49	484.25	Gross wages, salary, tips...	2,034.62	0.00
Income from business...	0.00	0.00	Income from business...	0.00	0.00
Rents and real property income...	0.00	0.00	Rents and real property income...	0.00	0.00
Interest, dividends...	0.00	0.00	Interest, dividends...	0.00	0.00
Pension, retirement...	0.00	0.00	Pension, retirement...	0.00	0.00
Contributions to HH Exp...	0.00	0.00	Contributions to HH Exp...	0.00	0.00
Unemployment...	0.00	0.00	Unemployment...	0.00	0.00
Other Income...	0.00	0.00	Other Income...	0.00	0.00
Additional Items as Designated, if any					
Remarks					